

2503

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 2245

1. Place of Death: (a) County Mariupia (b) City or Town Wickenburg (c) Location Community Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day; In Community 3 years; In Arizona 30 years
(Specify whether years, months, or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Mariupia (c) City or Town Wickenburg
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (Yes or No) no
If Yes, which country _____ (c) Social Security No. _____

3. (a) FULL NAME Emory Carl Berry (b) If veteran name war _____ (c) Social Security No. _____

4. Sex male 5. Race White Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced married 6. (c) Age of husband or wife, if alive 67 yrs.

6. (b) Name of husband or wife Lara C. Berry

7. Birthdate of deceased Nov. 7 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 19 hrs. _____ min. _____
If less than one day

9. Birthplace Fairfield Ill.
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business _____

Father { 12. Name John Berry 13. Birthplace Fairfield Ill.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Elizabeth Jane Truesdale 15. Birthplace Jeffersonville Ill.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Rita Webb (b) Address P.O. Box 919 Glendale Ariz.

17. (a) Burial, Cremation or Removal Burial (b) Place Wickenburg (c) Date 4-28-1948

18. (a) Embalmer's Signature J. L. Coppinger (b) Funeral Director J. L. Coppinger (c) Address Wickenburg, Ariz.

19. (a) 5/4/48 (Date received Local Registrar) (b) Naom Coppinger (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) 4-26-1948 TIME (Hour and minute) 5:00 P. M.

21. I hereby certify that I attended the deceased from for past 8 yrs to _____, 19____, that I last saw him alive on 4-26-48; 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
Due to Pulmonary Hemorrhage from Chronic Pulmonary Disease
Due to Senescence

Other conditions (include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Flayder Brallier M. D. Address Wickenburg Date signed 5-1-48

DURATION 3 days
10 days
3 yrs

PHYSICIAN Underline the cause to which death should be charged statistically